

EXHIBIT 15



P.O. Box 24523

Oakland, CA 94623-1523

Phone 888.335.2722

Fax 877.548.1610

US ADJUSTING SERVICES
 3109 SKYWAY CIR N
 IRVING, TX 75038-3526

Offer of Payment

Check No.: 0703294684	Insured: LOIS JENKINS			
Claim No.: 1002-68-2784	Policy No.: HO54012164	Adjuster: Rich Turnbull		
Exposure: (1) 1st Party Dwelling - LOIS JENKINS - A-Dwelling - Expense - Other				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
05/30/2018	Appraisal	\$512.00	*****8404	\$512.00
Payee: Hamilton's Catastrophe Claim Service, Inc.				
Invoice/EOB #: 1002-68-2784	Dates of Service:			
Comments: Payment for inspection on claim 1002-68-2784				
Payment Method: EFT	Date of Loss: 03/29/2018		Loss Type: Homeowners	

Policy issued by CSAA Fire & Casualty Insurance Company

Please detach before presenting for payment



CSAA Fire & Casualty Insurance Company
 P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL

CHECK NO.
0703294684

POLICY NO.
HO54012164

Exactly Five hundred twelve and 00/100 Dollars*****

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
LOIS JENKINS	03/29/2018	1002-68-2784	05/30/2018	***\$512.00

Pay Hamilton's Catastrophe Claim Service, Inc.
 To
 The
 Order
 Of

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group

AUTHORIZED SIGNATURE



P.O. Box 24523

Oakland, CA 94623-1523

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Fax 877.548.1610



AMERICAN LEAK DETECTION
 PO BOX 721386
 OKLAHOMA CITY, OK 73172-1386

Offer of Payment

Check No.: 0716840398	Insured: LOIS JENKINS		
Claim No.: 1002-68-2784	Policy No.: HO54012164	Adjuster: Sayde Brooks	
Exposure: (1) 1st Party Dwelling - LOIS JENKINS - A-Dwelling - Expense - Other			
Issue Date	Description of Payment	Amount	Acct No.
06/26/2018	Experts	\$590.00	
Amount Total \$590.00			
Payee: AMERICAN LEAK DETECTION			
Invoice/EOB #:	Dates of Service:		
Comments: Invoice: 21638			
Payment Method: Check	Date of Loss: 03/29/2018	Loss Type: Homeowners	

Policy issued by CSAA Fire & Casualty Insurance Company

Please detach before presenting for payment



CSAA Fire & Casualty Insurance Company
 P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL

CHECK NO.
0716840398

POLICY NO.
HO54012164

Exactly Five hundred ninety and 00/100 Dollars*****

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
LOIS JENKINS	03/29/2018	1002-68-2784	06/26/2018	***\$590.00

Pay AMERICAN LEAK DETECTION
 To
 The
 Order
 Of

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group

AUTHORIZED SIGNATURE